



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: 39 Powell			District: 0712 Deer Lodge Elem		District Level: Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
1	1315	No	Danforth, Kristine	2.90	_____
1	1316	No	Kramer, Susie	1.00	_____
1	1317	No	Beck, Jann	2.75	_____
1	1318	No	King, Lannette	0.00	_____



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Date		Signature, Chair, Board of Trustees			
County:		District:		District Level:	
39 Powell		0713 Powell County H S		High School	
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
CO	1313	Yes	Moore, Larry & Jennifer	0.75	_____
CO	1327	No	Curlin, Don	1.50	_____
CO	1328	No	Carrillo, Donna	3.50	_____
CO	1329	No	Coughlin, Gene	1.60	_____
CO	1330	No	Gallo, James M	3.90	_____
CO	1331	No	Graveley, Sandy	1.75	_____
CO	1332	No	Horne, Janet	0.70	_____
CO	1333	No	Price, John P	3.50	_____
CO	1334	No	Moore, Butch	1.50	_____
CO	1335	No	Mannix, David	0.70	_____
CO	1336	No	Lyons, Gerald	1.00	_____
CO	1337	No	Quigley, Brain	2.00	_____
CO	1338	No	McIntosh, Bill	1.50	_____
CO	1339	No	Voss, Todd	0.25	_____
CO	1340	No	Stitt, Diana	4.25	_____
CO	1341	No	Coughlin, Jay	1.55	_____
CO	2044	No	Bessette, Angie	2.00	_____



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County:			District:		District Level:
39 Powell			0715 Ovando Elem		Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
11	1319	No	Henrekin, Rob & Raeann	5.75	_____
11	1320	No	Weis, David	1.50	_____
11	1321	No	Gilchrist, Julie M	4.50	_____
11	1322	No	Brekke, Kurt N	5.00	_____
11	1323	No	Mart, Karen	0.50	_____
11	1324	No	Matthews, John W	0.25	_____
11	1325	No	Jacobsen, Cindy	0.50	_____
11	1326	No	Kloetzel, Steven	2.50	_____



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39 Powell			0717 Helmville Elem		Elementary	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
15	1310	No	Bard, Carolee		2.00	_____
15	1311	No	Webb, Paul		2.75	_____



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District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
29	1308	No	Christian, Julia	2.75	_____
29	1309	No	Beck, Tim A	1.50	_____
29	2265	No	Bignell, PatricIA C	1.25	_____
29	2266	No	Senecal, Maria	0.25	_____



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District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
33	1312	No	Albery, Andrea	1.00	_____
33	1313	Yes	Moore, Larry & Jennifer	0.75	_____
33	1314	No	Hansen, Kathleen	1.00	_____